

Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)

STFU/MOBILE Name:			
Owner:			
Address:		City:	
State/Zip:		Phone:	
STFU ORMOBILE		Date:	
Instructions: Answer all questions. Use a does not apply, mark the section as "N/A" 1. Food (Note: Any changes to the menu me regulatory authority (LHD or MDARD) prior to show approval during inspections.) A. Menu: List all foods that will be served (and the served)	". ust be sul o their sei	bmitted and approved by the rvice, you may be required to	
necessary)			
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The sale of home-prepared food rovided that these foods will not be	ls is prohibited. Indicate by initialing the line served.
	ore all food and food-related items at the event e, chafing dishes, steam table, cambro, dry
aw meats:	Cold cooked or ready to eat food:
lot cooked or ready to eat food:	Unopened canned products:
ce:	Perishable beverages:
condiments:	Dry goods:
egetables/Fruits	Non-perishable beverages:

D: Food Transportation:	List all methods of trans	sporting food to the	STFU/Mobile:

Food To Be Transported	Transportation Method (e.g., refrigerated truck, stock truck, cambro, etc.)	Where is the food coming from (e.g., Commissary, GFS)
Hot Foods (list):		
Cold Foods (list):		
Dry/canned goods		
Fruit/Vegetables		
Other Items (list):		

E: Thawing: List foods that will be thawed by one of the following approved methods.

Method	Food
Under Refrigeration:	
Under Cold Running Water:	
In a Microwave Oven followed by Cooking:	
During Cooking:	

F. Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Indicate what ready-to-eat foods will be served and how bare hand contact will be avoided (gloves, utensils, deli papers).

Food items (e.g., hotdog bun, lemons)	Barrier Used (e.g., gloves, utensil)

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G. Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Indicate where you will store these items.

Unwashed fruits and vegetables:	Eggs:
Whole meat cuts:	Fish/Seafood:
Ground meat products:	Ready-to-eat food
Poultry/stuffing/stuffing containing meats, etc.:	Other:

H. Cooking: Indicate how all raw potentially hazardous foods will be cooked. (NOTE: Please mark foods that are cooked to order with an * and include a copy of the Consumer Advisory.)

Food	Cooking Method	Final Cooking Temperature		
Food (example) Burgers	Charbroiler	155°F		

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Food	Cooling	N/oth	vod	Time to 70°F		Time to	/1°E
F000	Cooling	j ivieti	iou	Time to 70 F		Time to	41 [
	g or in bulk), the			reheated, the type used to reheat, th			
Food	Individual (I) or Bulk (B)			ment Used microwave)	Те	mperature	Time (how long)
K. Hot Holdings be used.	Indicate what	foods	will be	held hot held and	I the	equipment t	hat will
F	ood			Equipm	nent l	Jsed	

L. Cold Holding: Indicate the foods that will be held cold and the equipment used.

Equipment Used
True refrigerator

M. Time Alone as a Control: List foods where only time, and not temperature, will be used to control the safety of potentially hazardous food items. Explain the procedure of time control for each food item (Note: Additional written procedures may be required to comply with 3-501.19 of the Michigan Modified 2009 FDA Food Code)

Food	Marking Method	Monitoring Method
(example) Corn Dogs	Running list of time when batch is made	Insure corn dogs from batch are used or discarded within four hours of batch made

N. Datemarking: Ready-to-eat potentially hazardous foods must be datemarked with a method that indicates when they need to be discarded. Indicate the datemarking method to be used, include the maximum number of days between prep/opening and discarding.

Food	Datemarking Method	

2. Employee Health and Hygiene

A. **Complete the** following – Initial to verify agreement to comply:

Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints (describe restraint used.)	
Employees will not use tobacco in the food areas.	
Employees will not eat in the food areas.	
Employees will drink only from covered cups with a straw, or equivalent, in the	
food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish or will cover the nails with gloves.	
Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, with the exception of a plain	
wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided	
at each hand washing location	

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B. Hand Washing: Indicate how and when employees will wash their hands, including a description of the hand washing station:	
C. Employee Health: Describe the method (Note: Guidance documents, including p local licensing agency.)	
Employee health information collection, such as using FDA-provided forms or equivalent:	
Employees with a "Big Five" Illness – Norovirus, E. coli, Salmonella Typhii, Shigella, Hepatitis A – will be excluded from the STFU and that the exclusion will be reported to the licensing agency.	
Employees with conditions that can be transmitted to food that are not Big Five related will be restricted to non-food handling duties.	
Employees who experience vomiting or diarrhea will be excluded from the STFU for at least 24 hours after they are symptom free.	
Describe the procedures for reinstating restricted and excluded employees.	

3. Food Contact Surfaces

A. **Warewashing:** Describe how all utensils and equipment (include all clean-in-place equipment) will be washed. Include the frequency of washing, the facilities used, the procedures used and the chemicals used. (NOTE: In-use utensils for potentially hazardous foods must be washed, rinsed and sanitized at least every four hours)

Equipment	Frequency	Location	Procedure	Sanitizer & Concentration
(example) Tongs	Every 4 hours	Triple sink	Wash/rinse/sanitize	Chlorine 50 ppm

___Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.

B. **Prep and Cooking Surfaces:** Describe how food contact preparation surfaces and cooking surfaces will be cleaned and sanitized.

Surface	Frequency	Location	Procedure	Sanitizer/ Concentration
Stainless Counter	Every 4 hours	In place	Wash/rinse/sanitize	Chlorine 100 ppm

C. Chemical Storage: Describe where sanitizers and other chemical will be stored in the STFU or during the event.		
4. Water Supply		
•	ed from an approved sources the contact the Local Health Depall sources)	•
STFU/Mobile. Describe h tank) and describe in deta	nge: Indicate how potable water ow water will be stored on boar ail any support equipment that was List size of holding tanks or was	d (e.g., water jugs, holding vill be used to obtain water
	of Water Supply Equipment: luding holding tanks and food g	
Equipment	Cleaning/Sanitizing Method	Frequency
(example) Holding tanks	Rinsed out with chlorinated water	After each event
C. Backflow Prevention: Li method of backflow prevention	st equipment that will require ba	ackflow prevention and what
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Equipment	Backflow Prevention Method
(example) Carbonator	ASSE 1022 device
5. Sewage Disposal	
(Note: Sewage must be disposed of at an	n approved sewage disposal site.)
A. Describe how liquid waste generate	d in the STFU will be disposed of:
	ice bins, ice machines and food equipment not "back up" into them. Describe how you om sewage:
Equipment	Backflow Prevention Method
(example) Ice Bin	Air gap between ice bin and blue boy
	I

C. Toilet Facilities: If the STFU does not have an on-board toilet facility, describe anticipated toilet facilities and how hand washing after bathroom use will be handled.		
6. Environmental Hazards		
	e methods you will use to keep flying and crawling pests g., service windows with air curtains and screening).	
Area of Concern	Method of Pest Control	
Service windows:		
Cooking/grilling/smoking locations:		
Other equipment exposed to open air:		
Other areas of concern:		
7. Floors/Walls/Ceiling:		
A. Floors- Describe the floor	ing of the STFU/Mobile:	
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B. Walls- Describe the walls for the STFU/Mobile:	
C. Ceiling: Food must be protected at a protection for the food in the STFU/	all times. Describe the ceiling or overhead Mobile.
8. Equipment Specifications:	
A. Food Equipment: List Make and Mod	el of all food equipment. Include fixed and rage, hot holding and food preparation).
Make	Model
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B. Hot water heater: List make, model and size of hot water heater (if applicable).
C. Dish sinks: Indicate the size of the compartments of the sinks, or the size of the tubs that will be used for dish washing.
9. Electricity- Is electricity required for the operation of this STFU? YES NO
If yes, what is the source of the electricity? (Examples: you have for own generator; or you will only operate where a direct connection to electricity is available.) If you are reliant upon electricity provided by others, please indicate how you will insure electricity is left running overnight, if applicable.
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10. This space is reserved to address circumstances that are specific to this STFU/Mobile and that are not accounted for anywhere else in this plan review:					

11. Diagram of STFU layout OR ATTACH PHOTOS OR SCHEMATICS

Please sketch the proposed set-up of the STFU unit, include all inside and outside equipment set-up. This sketch needs to be scaled (indicate scale) or have dimensions on it. If possible, photos that show <u>all parts</u> of the STFU/Mobile set-up are preferred over a sketched diagram).						
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It is my intention as the Owner/Operator of this STFU/Mobile to have the information listed above serve as the Standard Operating Procedures (SOPs) for this unit. I understand that:

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Date		
Agency		
Sanitarian/Inspector		
The SOPs have been reviewed stipulation(s):	and have been appro	ved, subject to the following
The SOPs have been reviewed accurate. The SOPs are approved.	and determined to be	complete and technically
Owner/Representative		Date
 The approved SOPs for an STFU m I must operate consistent with those 		unit when it is operating.

Comments:					